Please print or type with ELITE type (___ rs/inch) in the unshaded areas only.

⊜EPA

U___ ___MENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

I. INSTALLATION'S EPA I.D. NO.	MOD000010934 0016 86740
I. NAME OF INSTALLATION	UNION WIRE ROPE-ARMCO STEEL CORP
II. INSTALLATION MAILING ADDRESS	2100 MANCHESTER K C, MO 64126
III. LOCATION OF INSTALLATION	, MO

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

◄ DETACH ▲

FOR OFFICIAL USE ONLY ▷

COMMENTS

C | C | (empty grid) | 55 |
15 16 — 55

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F MOD001686740 3 1		800818
1 2 ... 13 14 15	16	17 ... 22

I. NAME OF INSTALLATION ▷

U n i o n   W i r e   R o p e
30 — 67

II. INSTALLATION MAILING ADDRESS ▷

STREET OR P.O. BOX

3 2 1 0 0   M a n c h e s t e r
15 16 — 45

CITY OR TOWN | **ST.** | **ZIP CODE**

4 K a n s a s   C i t y | M O | 6 4 1 2 6
15 16 — 40 41 42 47 — 51

III. LOCATION OF INSTALLATION ▷

STREET OR ROUTE NUMBER

5 2100 MANCHESTER ~~Same~~
15 16 — 45

CITY OR TOWN | **ST.** | **ZIP CODE**

6 KANSAS CITY ~~Same~~ | M O | 64126
15 16 — 40 41 42 47 — 51

IV. INSTALLATION CONTACT ▷

NAME AND TITLE (last, first, & job title) | **PHONE NO. (area code & no.)**

2 D a v i s   R   W   S u p t   E n e r g y   &   E n v i r | 816 - 242 - 5870
15 16 — 45 46 — 48 49 — 51 52 — 55

V. OWNERSHIP ▷

A. NAME OF INSTALLATION'S LEGAL OWNER

8 A r m c o   I n c
15 16 — 55

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)	VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es)) ▷
F = FEDERAL M = NON—FEDERAL **M** 56	[X] A. GENERATION 57 [ ] B. TRANSPORTATION (complete item VII) 58 [X] C. TREAT/STORE/DISPOSE 59 [ ] D. UNDERGROUND INJECTION 60

VII. MODE OF TRANSPORTATION (transporters only — enter "X" in the appropriate ___)

[ ] A. AIR 61   [ ] B. RAIL 62   [ ] C. HIGHWAY 63   [ ] D. WATER 64   [ ] E. OTHER 65

VIII. FIRST OR SUBSEQUENT NOTIFICATION ▷

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of haz___
If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided b___

[X] A. FIRST NOTIFICATION   [ ] B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.
M O D 0 0 0 0 1 0 9 3 4

IX. DESCRIPTION OF HAZARDOUS WASTES ▷

Please go to the reverse of this form and provide the requested information.

EPA Form 8700-12 (6-80)

CONTINUE ON REVERSE

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S											T/A	C
W	M	0	D	0	0	1	6	8	6	7	4 0	2 1
1	2										13 14	15

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON—SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.31 for each listed hazardous waste from non—specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 1 7					
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K 0 6 2					
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON—LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non—listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 — 261.24.)*

☐ **1. IGNITABLE** (D001) ☐ **2. CORROSIVE** (D002) ☐ **3. REACTIVE** (D003) ☐ **4. TOXIC** (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Harry Nicholson	Harry Nicholson, Jr. General Manager, Union Wire Rope	8/18/80

EPA Form 8700-12 (6-80) REVERSE

DETACH ▲

DETACH ▲